Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name: _____
LAST   FIRST   INITIAL

Exam Location _____
CITY

Station #1
STATION NAME: Patient Assessment/Management – TRAUMA

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass [   ] Fail
Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(KBEMS-04/2004)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name: _____
            LAST   FIRST   INITIAL

Exam Location _____
                        CITY

Station #2
STATION NAME: Patient Assessment/Management - Medical

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass   [   ] Fail
                                                    Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
                                                                                    Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)

    Candidate Name: _____
                        LAST   FIRST   INITIAL

    Exam Location _____
                            CITY

Station #3
STATION NAME: Cardiac Arrest Management / AED

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass [   ] Fail
                                      Mo   day year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
                                                                Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)

Candidate Name: _____
                                     LAST   FIRST   INITIAL

Exam Location _____
                                    CITY

Station #4
STATION NAME: Apneic Patient – Bag-Valve-Mask; Assembly and Administration of Supplemental Oxygen

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [　] Pass　[　] Fail
                                           Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
                                                                           Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name: _____
LAST   FIRST   INITIAL

Exam Location _____
CITY

Station #5-A
STATION NAME: Spinal Immobilization - SUPINE PATIENT

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass   [   ] Fail
Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name: _____

LAST   FIRST   INITIAL

Exam Location _____

CITY

Station #5-B
STATION NAME: Spinal Immobilization - SEATED PATIENT

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass   [   ] Fail

Mo   day   year

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #

Profession

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #

(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)

Candidate Name: _____

LAST   FIRST   INITIAL

Exam Location _____

CITY

Station #6-A: Random Skill Verification
STATION NAME: Immobilization Skills - Long Bone Injury

Scenario # Drawn by Candidate: _____* Date:____/____/____   [   ] Pass   [   ] Fail

                    Mo day year

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #

                                 Profession

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #

(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)

Candidate Name: _____
LAST   FIRST   INITIAL

Exam Location _____
CITY

Station #6-B: Random Skill Verification
STATION NAME: Immobilization Skills - Joint Injury

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass   [   ] Fail
Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:
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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(KBEMS-04/2004)

(Please Print)

    Candidate Name: _____
                            LAST   **FIRST**   **INITIAL**

    Exam Location _____
                            CITY

Station #6-C: Random Skill Verification
STATION NAME: Immobilization Skills – Traction Splinting

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [ ] Pass [ ] Fail
                                              Mo   day   year

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #
                                                                         Profession

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)

Candidate Name: _____
       LAST   FIRST   INITIAL

Exam Location _____
                                    CITY

Station #6-D: Random Skill Verification
STATION NAME: Bleeding Control – Shock Management

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass   [   ] Fail
                                                                       Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
                                                                                                                  Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name: _____
LAST   FIRST   INITIAL

Exam Location _____
CITY

Station #6-E: Random Skill Verification
STATION NAME: Airway, Oxygen & Ventilation Skills

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass   [   ] Fail
Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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*Scenario selection by candidate may be N/A for most stations except #1 (Trauma) and #2 (Medical)

(Please Print)

Candidate Name: _____
<div align="center">LAST   FIRST   INITIAL</div>

Exam Location _____
<div align="center">CITY</div>

Station #6-F: Random Skill Verification
STATION NAME: Mouth to Mask with Supplemental Oxygen

Scenario # Drawn by Candidate: _____* Date:____/____/_____   [   ] Pass   [   ] Fail
<div align="center">Mo day year</div>

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #
                                     Profession

_____/_____/_____/_____

Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)   Profession

Comments:

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Station #6-G: Random Skill Verification

Emergency Medical Technician Certification Skills Examination

(Please Print)

Candidate Name: _____
LAST   FIRST   INITIAL

Exam Location _____
CITY

STATION NAME: Oxygen Administration

Scenario # Drawn by Candidate: _____*   Date:____/____/____   [   ] Pass   [   ] Fail
Mo   day   year

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
Profession

_____/_____/_____/_____
Examiner   Printed   Signature   Health   Cert Lic #
(If witness Examiner used)

Comments:

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